## **CAMPAIGN CONTRIBUTION AND EXPENDITURE REPORT**

State and District Candidates Only

To be filed with: Mark Martin, Secretary of State State Capitol, Room 026 Little Rock, AR 72201 Phone (501) 682-5070 Fax (501) 682-3408

Check if this report is an amendment

For assistance in completing this form contact: Arkansas Ethics Commission Post Office Box 1917 Little Rock, AR 72203-1917 Phone (501) 324-9600 Toll Free (800) 422-7773

THIS CODE CANNOT BE USED FOR THE FINAL DEPORT. ALL INCOMMATION MIST BE COMPLETE

THIS REPORT MUST BE FILED WITH THE SECRETARY OF STATE			
1. Name of Candidate			
Christopher Olson			
Address			
1495 Glade Rock Ridge			
City, State and Zip Phone Number:			
Viola, AR 72583	501-733-1808		
Office Sought	District Number:		
State Representative	61		
Does the candidate have a campaign committee? ( )Yes ( X	)No (Secretary of	of State File Stamp)	
If yes, complete the following:	'		
Name of Chairperson/Treasurer:	F 1	$\mathbf{L}  \mathbf{E}  \mathbf{D}$	
The state of the s			
Mailing Address: Phone Numbe	r: JUL	JUL <b>1 1</b> 2016	
2. Type of Election: (check one only)  Year of Election: 2016		Arkansas	
☐ Primary ☐ Primary Runoff ☑ General ☐ General Runoff ☐ Spe	— Sooroto	ry of State	
3. Type of Report: (check one only)  This report covers what period? ( 6/ 1 / 16) through ( 6 / 30 / 16)			
☐10 Day Preelection ☐January Monthly ☐Movember Monthly			
☐10 Day Preelection ☐January Monthly ☐First Quarter (due April 15) ☐February Monthly		ecember Monthly	
☐Second Quarter (due July 15)	☐August Monthly	Cociniber Monany	
☐Third Quarter (due October 15) ☐April Monthly			
□Fourth Quarter (due January 15) □May Monthly	□October Monthly		
Elividy Monthly	Cottobol Internally		
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